



MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS

P.O BOX 50
MORTON, MS 39117
(769) 798-5052
FAX (601) 732-6447
www.msbce.ms.gov

CONTINUING EDUCATION APPROVAL REQUEST

AUTHORITY:

CHIROPRACTOR - 73-6-17 - Except as provided in Section 33-1-39, every registered chiropractor shall be required to file with the secretary of the board a certificate, certified by a state chiropractic board and state chiropractic association, verifying their attendance at a course of study approved by the board consisting of not less than 12 hours of instruction in the latest developments in the practice of chiropractic of which at least 3 hours shall be instruction in the subject of risk management. Exemption: any chiropractor who has reached the age of 75 years and is not participating in an active practice shall not be required to pay said renewal fee or submit the 12 hours of continuing education.

CHIROPRACTIC RADIOLOGICAL TECHNOLOGIST - RULE CHAPTER 09, SECTION 100, ITEM 2 - Continuing education requirements for is 12 classroom hours biennially.

CHIROPRACTIC ASSISTANTS - RULE CHAPTER 10, SECTION 100, ITEM 2 - Continuing education shall be 6 classroom hours annually at a course of study approved by the MSBCE.

CLAIMS EXAMINER/REVIEWER - RULE CHAPTER 12, SECTION 110 - Continuing education for shall consist of unduplicated 60-minutes units of classroom post-graduate education instruction, of any ongoing nature, provided or sponsored by the CCE accredited school of chiropractic and approved by MSBCE which shall be 10 classroom hours annually in instruction of developments in claims review.

TITLE OF COURSE	
DATE COURSE WILL BE OFFERED	
WHERE WILL COURSE BE HELD?	
TOTAL NUMBER OF HOURS	
COURSE PROVIDER	
COURSE SPONSOR	
AREA OF DISCIPLINE Must identify categories for all disciplines. If course for chiropractors, you must provide course breakdown of hours in categories of risk management and latest developments in order for the chiropractor to receive proper credit.	<input type="radio"/> Chiropractor; SELECT CATEGORY and IDENTIFY HOUR BREAKDOWN <input type="radio"/> latest developments – identify total hours in latest developments: _____ <input type="radio"/> latest developments (including 3 hours of risk) for a total of _____ hours <input type="radio"/> risk management – identify total hours in risk management and ethics : _____ Identify topics which contain risk management and ethics: _____ <input type="radio"/> Claims Reviewer, must be in instruction or developments of claims review <input type="radio"/> Chiropractic Assistant, SELECT CATEGORY → <input type="radio"/> modalities and therapies; <input type="radio"/> anatomy and physiology; <input type="radio"/> chiropractic principles; <input type="radio"/> radiographic anatomy/positioning/quality; <input type="radio"/> professional ethics and boundaries; <input type="radio"/> written/interpersonal communications; <input type="radio"/> office management; <input type="radio"/> insurance concepts/CPT/ICD-10; <input type="radio"/> OSHA, HIPAA, emergency procedures/CPR (Requirements set by MBCE 1/26/2017) <input type="radio"/> Chiropractic Radiological Technician
WILL THE PRESENTER BE PRESENT?	<input type="radio"/> YES NOTE: if the presenter is not attending in-person, this course will not be considered for approval
WILL THE CLASS ATTENDEE BE REQUIRED TO BE IN-PERSON DURING THE ENTIRE COURSE IN ORDER TO RECEIVE CREDIT?	<input type="radio"/> YES NOTE: if the attendee is not attending in-person, this course will not be considered for approval
COURSE BROCHURE ATTACHED	<input type="radio"/> YES <input type="radio"/> NO
COURSE OUTLINE ATTACHED	<input type="radio"/> YES NOTE: if the course outline is not attached, the course will not be considered for approval

SUBMITTED BY: _____
TYPE NAME

DATE SUBMITTED FOR REVIEW

EMAIL ADDRESS FOR WEBSITE POSTING

PHONE NUMBER